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AUTHOR Gunden, Elizabeth A.
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ABSTRACT

There has been considerable interest in incorporating the socialization process--including empathy as a nurse characteristic--into the nursing curriculum. On the other hand, some clients have indicated that they do not see empathy as an important nursing skill. A study was undertaken to assess how sophomores, seniors, and faculty in nursing programs view empathy as an attribute of the "ideal" nurse, and how these views and those of clients compare. Baccalaureate nursing students and faculty in one college were surveyed, and 20 clients were selected by a physician from a single facility. Overall, senior student views were congruent with those of faculty members on the group of attributes. Senior perceptions were, however, different than those of sophomores, lending credence to the idea that education has a powerful socializing influence in the transmission of professional goals and values. Sophomores perceived empathy as significantly more important than did seniors, and faculty perceived it as being less important than did sophomores or seniors. The most differences were noted in a comparison of seniors' and clients' perceptions; clients perceived pleasing personality traits as more important than empathy. The sophomore and client perceptions were closest, and it is concluded that they are most influenced by prevailing stereotypes of the nurse. (MSE)

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A COMPARATIVE STUDY OF PERCEPTIONS OF SOPHOMORE NURSING STUDENTS, SENIOR NURSING STUDENTS, NURSING FACULTY, AND CLIENTS AS TO THE IMPORTANCE OF EMPATHY AS AN ATTRIBUTE OF THE "IDEAL" NURSE

A RESEARCH STUDY

PRESENTED TO
CHARLES R. DUVALL, PH.D.

IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE COURSE
P503 INTRODUCTION TO RESEARCH

BY
ELIZABETH A. GUNDEN
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TABLE OF CONTENTS

I. INTRODUCTION 1

Statement of Problem 2
Purpose of Study 3
Definition of Terms 3
Limitations 4
Design of Study 5
Sample 6

II. REVIEW OF THE LITERATURE 10

Empathy 10
Socialization 25

III. PRESENTATION OF DATA 35

IV. SUMMARY, CONCLUSIONS, RECOMMENDATIONS 40

. . . . . .

APPENDICES 44

REFERENCES 49

LIST OF TABLES

1. Rank Order of Questionnaire Items by Means 35
2. Number of Top Six Items in Each Questionnaire Subgroup 37
3. Mean and Standard Deviations by Questionnaire Items of Sophomores and Seniors 38
4. Mean and Standard Deviations by Questionnaire Items of Seniors and Faculty 39
5. Mean and Standard Deviations by Questionnaire Items of Senior Students and Clients 40

LIST OF APPENDICES

A. Conceptual Definitions of Attributes of the Ideal Nurse 44
B. Operational Definitions of Attributes of the Ideal Nurse 45
C. Questionnaire 46
D. Participant Consent Form 47
E. Classification of Statements into Two Groups 48

A COMPARATIVE STUDY OF PERCEPTIONS OF SOPHOMORE NURSING STUDENTS, SENIOR NURSING STUDENTS, NURSING FACULTY, AND CLIENTS AS TO THE IMPORTANCE OF EMPATHY AS AN ATTRIBUTE OF THE "IDEAL" NURSE

INTRODUCTION

Empathy is an attribute that has become irrevocably linked with the practice of nursing. Nursing, as a profession, has embraced the helping model, a model originally constructed by the psychoanalysts as the basis for the therapist-client relationship. Perhaps the most emphasized concept of this model is that of empathy. Currently, in nursing education and in nursing practice, heavy emphasis is being placed upon the psychosocial aspects of nursing care. In fact, empathy is perhaps being emphasized as one of the most important attributes the nurse brings to the nurse-client relationship.

An interest developed in the study of the concept of empathy because of the personal belief that empathy is indeed of vital importance if the nurse-client relationship is to be an effective one. In partial fulfillment of the requirements of a graduate nursing course, a small study was conducted to determine if clients perceived empathy as an important attribute of the "ideal" nurse. A surprising conclusion of this study was that clients did not perceive empathy as being nearly as important as some of the other attributes a nurse might possess.

This then led to an interest in the socialization process of nursing students, particularly how their perceptions of the importance of empathy changed as a result of the educational process.

Statement of Problem

In the nursing profession, there is at times too much eagerness to incorporate ideas from other disciplines into nursing's own theoretical basis for practice. Often ideas that "sound good" from somewhere else find their way into nursing curriculums and their practices without being critically analyzed for their applicability and appropriateness to the nursing profession. Nursing education has thus integrated many psychosocial concepts into curriculums emphasizing the importance of the nurse being empathic with clients. If the educational process is effective, graduates of schools of nursing should perceive empathy as being an important attribute in terms of their practice. However, a small sample of clients have indicated that they do not perceive empathy to be of relatively great importance. If the nurse perceives it to be of relatively great importance, and clients indeed do not, a dissonance will exist between them in their interaction, blocking the effectiveness of the nurse-client relationship. If, on the other hand, graduates of schools of nursing do not perceive empathy as being important, either the socialization process taking place is not effective, or there is a gap between what the literature says is the state of the art and what is actually being valued and taught by nursing faculties.

Purpose of Study

The purpose of this study is to seek answers to the following questions:

--How do sophomore nursing students perceive the attribute of empathy in relationship to other attributes of the "ideal" nurse?

--How do senior nursing students perceive the attribute of empathy in relationship to other attributes of the "ideal" nurse?

--How do faculty members in a school of nursing perceive the attribute of empathy in relationship to other attributes of the "ideal" nurse?

--Is there a difference in the perceptions of sophomore nursing students and senior nursing students as to the importance of the attribute of empathy in relationship to other attributes of the "ideal" nurse?

--Is there a difference in the perceptions of senior nursing students and nursing faculty members as to the importance of the attribute of empathy in relationship to other attributes of the "ideal" nurse?

--Is there a difference in the perceptions of senior nursing students and nursing faculty members and clients as to the importance of the attributes of empathy in relationship to other attributes of the "ideal" nurse?

Definition of Terms

Ideal Nurse - The standard or model of role-appropriate behaviors for a nurse.

Empathy - The ability to accurately experience the psychic aspects of another, i.e., feelings, emotional experiences, etc., while retaining one's objectivity. (Keck, 1979, p. 10)

Attribute - A quality or characteristic belonging to a person or thing.

Perception - The impression in the mind of something perceived by the senses.

Socialization - The process by which individuals acquire the knowledges, skills, and dispositions that enable them to participate as more or less members of groups and the society. (Brim and Wheeler, 1966, p. 5)

Sophomore Nursing Student - A college student with a declared major in nursing who is classified as a sophomore, has successfully completed all required supporting courses and is just beginning to study courses in the nursing major.

Senior Nursing Student - A college student with a declared major in nursing who is classified as a senior and who will successfully meet the requirements for the nursing major and graduation in three weeks.

Nursing Faculty - Persons employed in a college whose area of teaching expertise is nursing.

Client - An individual who is the recipient/consumer of nursing care.

Some of the definitions were operationalized as follows:

Ideal Nurse - Twelve concepts found by Keck to be cited most frequently in the nursing literature as being important attributes of the professional nurse. These concepts were operationalized on a tool developed by Keck, each item on the questionnaire reflecting a different concept. (See Appendix)

Empathy - The nurse can know what it is like to be in my situation. She can put herself in my shoes. (Item #3 on questionnaire.)

Limitations

The major limitation of the study has to do with the sample as it consisted of only baccalaureate nursing students and only students in one particular college. The same is true of the sample of faculty members. Also, as the study design was not longitudinal, a comparison is made of different groups of students rather than monitoring the perceptions of a single group of students as they progressed through the nursing program.

The sample of clients was also one of convenience and consisted of twenty clients who had been hospitalized prior to the original study (Summer 1979). All were hospitalized in the same facility, had medical-surgical diagnoses, and were selected by a family practice physician based upon his judgement as to their ability to understand and complete the questionnaire.

One final limitation is that of the construction of the questionnaire. Although statistical tests would indicate reliability and validity, there is a question about whether the operational definitions truly reflect the conceptual meanings as they are intended.

Design of Study

Instrument. The instrument used was designed and developed by Juanita Keck, a graduate nursing student at Indiana University, Indianapolis. In a review of the current literature, affective characteristics of nurses, that nursing literature suggests as ideally found in the professional nurse were identified. Using the conceptual definitions, twelve statements corresponding to the twelve terms were developed which described the "ideal" nurse behaviors from the client's point of view. Nursing students and faculty members were asked to respond from their personal point of view. The statements were incorporated into a questionnaire which asked participants to rate the importance of each on a Likert-type scale from most important to least important. Space was provided for those behaviors which the participant felt actually contributed to his recovery. Space was also allotted for the participant to include any attitude or personality characteristic

the participant felt important but was not included in the list. (However, this data was not analyzed.) Demographic data included age and sex. Diagnosis, length of hospitalization, and number of previous hospitalizations were obtained from the physician.

The data obtained in Keck's study was subjected to computer analysis to determine validity and reliability of the tool. This analysis indicated that the items grouped into two six-item subgroups. It was suggested that group I reflects pleasing personality aspects of the nurse while group II reflects the nurse's ability or willingness to understand another. A t test indicated a significant difference at a level of .016. There was no significant correlation between the groups $r_1 + r_2 = .179$. (See Appendix for the specific items in each grouping) Reliability was determined by use of a split-half procedure. Alpha for group I was .7060, group II .7879. In the original Gunden study statistical analysis revealed similar findings with an alpha for group I of .5758 and an alpha for group II .6185. No statistical analysis of the questionnaire was attempted in the current study.

Sample

The student group under study consisted of 51 sophomore nursing students and 34 senior nursing students, who were enrolled in the nursing program at Goshen College, a small Mennonite liberal arts college in Northern Indiana. Goshen College is accredited by the North Central Association and the Division of Nursing is accredited by the National League for Nursing and the Indiana State Board of Nurses' Registration and Nursing Education. The faculty group consisted of 10 persons.

The client group consisted of 20 people who had been hospitalized prior to the study with medical-surgical conditions. They were selected from one family physician's practice by the physician based upon their ability to comprehend and complete the questionnaire.

The questionnaire was administered to the sophomore students in June 1979. At this time sophomores were enrolled in their first nursing course, Nursing 201, an introductory course entitled, The Theory and Practice of Nursing. Prior to this, students had taken supportive courses to the nursing major, but this course represented the first phase of the socialization process of the students into the role of professional nurse. The study and questionnaire was explained to the students and their participation requested. It was administered at the end of a regular class period. All 51 students completed the questionnaire for a response rate of 100%. Ages ranged from 19 to 29 with a mean age of 21.4 years. There were 46 females and 5 males.

The same questionnaire was administered to a group of 48 senior nursing students in March 1980, about three weeks prior to the completion of the nursing program and this represented the final phase of the socialization process. It was given at the same time as the National League for Nursing Standardized Achievement Tests. The purpose of the study was explained and the students were informed that 1) responses would be confidential, 2) there would be no cost to them, and 3) participation was strictly voluntary. Students wishing to participate were asked to sign a consent form. (See Appendix) A total of 34 senior nursing students responded for a return rate of 71%. Ages ranged from 21 to 37 years of age. The mean age was 22.7 years. There were 33 female and 1 male respondents.

The group of nursing faculty consisted of 10 faculty members. Ranks ranged from Instructor to Associate Professor. Ages ranged from 27 to 45. One male and nine females responded for a rate of 76%. The areas of expertise of the faculty members included: maternal-child nursing, community health nursing, mental health nursing, medical nursing, and surgical nursing.

The group of clients consisted of 20 people who had been hospitalized in the two months prior to the original Gunden study (Summer 1979). All subjects were hospitalized at the same facility, a 150-bed acute-care community hospital in Goshen, Indiana. All participants were cared for by the same family physician. Names of potential participants were obtained from the clients' family physician and permission was granted for the study. Those selected were contacted by telephone and asked for their consent to participate in a study by filling out a questionnaire. All 20 clients contacted volunteered to participate. Clients were visited in their homes and given the questionnaire. The purpose of the study and directions for completing the questionnaire were given. Clients were allowed to choose whether they wanted to complete the questionnaire while the researcher waited or mail the completed from to the researcher. In the case of the latter, the client was given a stamped self-addressed envelope. The clients were informed that their responses would be kept confidential. They were also informed that their physician would receive a copy of the research report and that they would be able to read the results if they were interested. All of the subjects responded to the questionnaire for a response rate of 100%.

Ages ranged from 20 to 86 years. There were 4 males and 16 females. Length of hospitalization ranged from 1 to 12 days. All diagnoses reflected medical-surgical conditions. Number of previous hospitalizations ranged from 0 to 74. The average age of the clients was 52.9 years of age and the average stay was 6.1 days.

REVIEW OF THE LITERATURE

Empathy. Scholars studying the concept of empathy have suggested an almost unending variety of thoughts and ideas in the attempt to define and clarify the elusive quality of empathy. Perhaps the earliest and largest source of material comes from the discipline of psychology. Regardless of persuasion, be it psycholoanalysis, client-centered therapy, or others involved with counseling of individuals and groups, empathy is espoused to be of utmost and even of critical importance in the client-therapist relationship. As noted by Katz, "Empathy is relevant to the objectives of several sciences and especially to the helping professions." (1963, p. 11) In the words of Carkhuff and Berenson, "The dimension of empathy cuts across all orientations of counseling and psychotherapy--indeed cuts across all helping and human relationships." (1977, p. 279) Social psychologists also speak of the importance of empathy. George Mead and Harry Sullivan are perhaps the two best known social psychologists that wrote of the empathic process in terms of "role-taking"--the ability to put oneself in the place of another--in terms of human development and human interaction.

What then, are some of the ways the theorists describe empathy and its use in relationships? As mentioned earlier, there are many

different ways of looking at empathy. However, there seem to be similarities of the theorists that out-weigh their differences. First of all, there seems to be concensus that empathy is a process. Carkhuff and Berenson say that, "Empathic understanding is when the first person or helper strives to respond with great frequency to the other person's deeper feelings as well as his or her superficial ones." (1977, p. 8) Along that line of thinking, Rogers writes about the necessity of the counselor being able to assume as much as he or she is able, the internal frame of reference of the client so as to perceive the world as the client sees it as well as being able to perceive the client as he himself perceives himself. (1951, p. 37) Also talking about the use of empathy as a process, Truax and Carkhuff say that the therapist must step into the patient's shoes and view the world from his perceptual and emotional vantage point--he then experiences things as if he were the client. It is to be as if "inside" yet "outside." (1967, p. 285) To be able to do this, the person must be accepted as separate with value in his own right. Empathic understanding then allows the therapist to see the client's private world through the client's eyes. (Rogers, 1956, p. 995) Rogers then as a psychotherapist, likens himself to a companion accompanying the client in the terrifying search for himself. Adding another viewpoint, Katz says that when a person is being empathic, he feels as if he were experiencing someone else's feelings as his own. "We see, we feel, and we understand as if we were, in fact, the other person. We stand in his shoes. We get under his skin." (1963, p. 3)

Still another set of theorists, Fox and Goldin, describe the empathic process as involving a temporary affective identification with

another person in order to understand him. (1964, p. 324) And lastly, a nurse-theorist, Kalisch, defines empathy as "the ability to enter into the life of another to accurately perceive his current feelings and their meanings without losing one's own identity." (1973, p. 1548)

Various attempts have been made to define empathy by identifying different kinds of empathy. Zderad's study made distinction between natural and clinical empathy. Natural empathy was defined as being a basic human endowment: a universal human experience which stems from the human condition. Clinical empathy then is "the use of one's natural empathic capacity." (1969, pp. 665-666) The ideas of Katz parallel this by stating that it is not necessary to have experienced the event--the empathizer can imagine the event and anticipate what his own response might be. (1963, p. 108) Empathy is categorized as "simple" or "raw" and "as the tool of the scientist" being a cognitive and intellectual process. The same distinction is not made by Truax and Carkhuff however, who say that the ways in which a person decides to respond empathically comes from the therapist's own experience with human existence. (1961, p. 285)

Further distinctions of various kinds of empathy are made again by Zderad when she speaks of the empathic process and being "psychologic," "physiologic," and "socialogical." The psychologic process refers to experiencing oneness with another--particularly the perception of unverbalized feelings and moods. Physiologic process refers to what Zderad describes as "motor mimicry" where the empathizer may have the impulse to imitate the gestures of the speaker. And lastly, the social component refers to the empathizer "stepping into another's shoe," --sharing the other's being in a situation. (1969, pp. 657-658)

Many theorists cite certain variables or factors that enhance a person's empathic abilities. As mentioned earlier, Truax and Carkhuff are of the opinion that the way in which a person decides to respond empathically comes from the therapist's own experience with human existence. They cite research that infers that helpers don't seem to become more empathic with increased training (theoretical) and they surmise, that perhaps current theoretical training is incorrect or inappropriate in changing behavior in therapists. (1967, p. 293)

Katz says that the empathizer tends to empathize with those who are familiar to him or whose life situation is most similar to his own. (1963, p. 7) Controlled regression and coordination between the analyst's own ego and super-ego are factors influencing a person's capacity to empathize, according to Fox and Goldin. These authors contend that the goal of psychotherapy is to increase the patient's capacity for empathy. People learn to empathize then through therapy.

And lastly, what exactly is the value, or merit of empathy? An oft-quoted remark is that "without empathy there is no basis for helping." (Carkhuff, 1969, p. 173) And echoing these sentiments, "the therapist must employ empathy in applying his techniques or expert knowledge or he will not be effective." (Traux and Carkhuff, 1967, p. 290) Carkhuff further elaborates by saying that the counseling relationship can be constructive or destructive. The degree to which the helping person offers high levels of empathic understanding of the helpee's world, is related directly to the degree to which the helpee is able to understand himself and others. (1969, p. 173) From another perspective, Katz says that "the therapist's moments of greater effectiveness, both as a

diagnostician and as healer, have a positive correlation with his empathic capacities. He goes on to say that when the therapist's empathic abilities are blocked, especially in more exaggerated and intensive forms, this can result in handicaps and emotional problems in the everyday experience of the client. (1963, p. 102)

As has been noted, the original theorists discussing the concept of empathy were the psychotherapists. Nursing however, has drawn upon this theory base in developing its own conceptual framework for nursing practice, and much has been written applying these original theories and ideas about empathy to the practice of nursing. In writing for a nursing journal, Carl Rogers hypothesizes that "to the degree that the nurse can create such a relationship with her patient, she will release in the patient psychological strengths which promote growth and healing and which parallel the physiological forces operating in that direction." (1956, p. 997)

A nurse-researcher writing about empathy says, "Obviously, there is a danger that a patient might become more frustrated, angry, or hopeless if a nurse, over a period of time, continues to lack insight into his feelings." (Kalisch, 1973, pp. 154-158)

In summary, most of the theories of empathy have been advanced by psychotherapists who have discussed the use of empathy in the context of the therapist-client relationship. In this relationship, the prime objective is seen to be the assistance of the client towards attainment of optimal mental health through the promotion of self-understanding and growth. Empathy is viewed as a critical element in the therapist-client relationship, and its absence is cited as being detrimental to the

client's growth. A commonly used definition of empathy is the ability to put oneself into another's place so as to understand the life situation of that other person. Empathy is seen as a process that is to some extent innate because of the commonality of all humanity, but some theorists do contend that empathy can be learned and refined to be successfully used clinically. Also, some theorists discuss various factors in a person that may enhance or hinder a person's abilities to empathize with another.

A few persons have related these theories of empathy to the nurse-client relationship and have discussed its importance in this relationship. Heavily stressed is the importance of empathy in all nurse-client relationships irregardless of the client's diagnosis. They have also alluded to the fact that in the nurse-client relationship as with the therapist-client relationship, the presence or absence of empathy may be either helpful or detrimental to the patient. None of these ideas, however, have been empirically substantiated.

The large volume of research dealing with the concept of empathy supports the assumption that empathy is considered by nurses to be of critical importance to the nurse-client relationship. No studies were found that identified clients' perceptions of the importance of empathy.

Several nurse researchers were found to be concerned with the measurement of empathy in student nurses and practicing nurses. LaMonica reported that nurses tested in two investigations possessed an extremely low level of empathy, as measured on Carkhuff's Index. Also, senior baccalaureate nursing students were tested immediately prior to and following their formal psychiatric nursing experience. The results

indicated that all students tested had scores indicating low levels of empathy. (1978, p. 4) Beginning nursing students in an associate degree program were tested using the Accurate Empathy Scale (AES). Kalisch's findings were that these students too possessed low levels of empathy. (1971, p. 208)

Naturally, when researchers who believed that empathy was critical to the nurse-client interaction found that nurses possessed very low levels of empathy, nursing curriculums were examined, and nursing students were monitored after taking courses in the curriculum believed to teach empathy. Also, various strategies were designed and implemented in attempts to raise nurses' low levels of empathy. As well, Kalisch claims to be the first nurse to research the affect of an empathy training program in the curriculum of an associate degree program on the empathy levels of first-year nursing students. The empathy content was 12.5 hours and integrated into the curriculum. Kalisch reported significant increases in empathy levels in the sample group of students as compared with a control group. A six-week follow-up was done and the improved levels were reportedly maintained. (1971, p. 209)

In an early study by Kandler and Hyde in 1953, it was reported that 41 nursing student's empathy scores increased and 9 decreased after their psychiatric affiliation. (p. 33) However, in a later study LaMonica, et. al. reported that the senior students they tested did not acquire needed empathy after their psychiatric rotation, concluding that nurses did not acquire needed empathy in school as the concept of empathy is most often taught in the psychiatric rotation. Since nurses were not

coming to the job with the necessary empathic skills, staff development programs were developed to correct this "deficiency." In 1976, LaMonica and others developed an empathy training course for nurses which was designed around a human relations model whose effectiveness had been previously documented. The seven-session program was designed to teach communication skills involved in the expression of empathy. Only associate and diploma graduates were used in the study. At the completion of the course, the investigators using Carkhuff's Index of Communication, reported significantly higher empathy levels in the nurses. The researcher did recognize that the short term follow-up and limited sample, among other things, made it difficult to generalize the findings to the nursing population as a whole. (pp. 449-450)

Stating that "one of the most important aspects of the professional nurse's role is counseling patients. . ." Walston, et. al., developed a program to increase nurses' person-centeredness. Two small samples of nurses listened to tapes of patient statements and were told to respond in the most helpful manner possible. Initially, these responses were scored rather low, and were judged in general to elicit information but to limit patient response. Few responses were judged to be actually counter-therapeutic. Then, for one group of nurses, a brief intervention designed to boost the helpfulness of the nurses' responses to the simulated patients, was given. Then both groups were again asked to respond to the patient statements. The control group did not show any improvement, the second time, but the researchers noted significant improvement in the experimental group. Obvious limitations were those of the short time interval, and the laboratory setting. However,

particularly pertinent was one of the researchers' suggestions of the necessity to investigate whether being person-centered really makes a difference to patients. (Wallston, et. al., 1978, pp. 156-159)

Several researchers have focused their attention upon traits or behaviors of those who are rated as empathic. In a very limited study, Mansfield reported the following specific behaviors in an "expert psychiatric nurse" which conveyed high levels of empathy to patients identified by a panel of observers. These behaviors were identified as 1) introductions to patients, 2) head and body positions, 3) verbal behaviors, 4) response to non-verbal cues, 5) facial expressions, 6) voice tones, and 7) mirror images. (1973, p. 520)

In a study reported by Shetler, interactions between an actress playing the role of a client, and 32 different nurse-subjects took place in a physician's office. After each interaction, the actress rated the nurse's empathy levels. A panel of raters then looked for correlations between those rated highly empathic and certain behaviors. Interestingly enough, nurses who demonstrated what the researchers had assumed to be empathic behaviors were not always rated as empathic and vice versa. The researcher concluded that empathy was being communicated in ways that were not being measured. (1977, p. 437)

And lastly, does it make a difference if you are male or female in your ability to empathize? Although it is commonly assumed that women are more empathic than men because of the caring, nurturing qualities assigned the feminine role, it might be further assumed that female nurses are more empathic than male nurses. MacDonald in his study measured 60 baccalaureate students' empathy levels in a large southwestern

university using the Hogan Empathy Scale. There were 15 students each of female nursing and non-nursing students and male nursing and non-nursing students. The findings did not support the hypothesis that male and female students of nursing have comparable levels of empathy. Men not in nursing scored the lowest. Surprisingly, the men in nursing scored higher than any of the groups. Females in non-nursing programs scored slightly higher than females in nursing. (1977, p. 998)

Several studies were uncovered that did speak more directly to the problem under investigation. These studies were interested in the opinions of clients. One such study, conducted by Holliday in 1959, examined the "ideal image" of the professional hospital staff nurse. A rank-order questionnaire was devised after conducting group interviews with eight patients in which they were asked the following question: "What are the qualities you value most in the ideal bedside nurse who attends you?" Seventy-seven clients were given the questionnaire. The client's ideal traits were classified into two categories: functional and expressive. Both male and female patients ranked the functional trait "well-trained" as first. The female patients ranked expressive traits--"supportive" and "empathic"--second and third respectively. The males ranked "supportive" fifth and "empathic" ninth, indicating that these traits are of less value to male than to female patients. A comparison was also done of the nurses' and the patients' separate rankings of the 15 ideal traits. The one expressive trait that nurses and female patients both agreed on as of high value was "empathic." Nurses ranked it second; female patients, third. With these findings, the researchers raised the question: Is "empathy" seen as more desirable

to the female sex than to the male sex because males might think it inconceivable that the nurse (female) could "put herself in their shoes," thus crossing a sex barrier. As this study's purpose was to demonstrate the step-by-step process, the premise that an ideal image of the professional hospital staff nurse could be culled from patients, the researcher's conclusion simply used the responses to write a definition of the "ideal nurse." Little discussion was given to the actual results and their possible implications for nursing. (1961, pp. 205-210)

Another study conducted in 1972 compared what patients thought was important in nursing care, to what nurses thought. The researcher contended that some of the problems with satisfaction stem from differing ideas of nurses and patients about what is important. The instrument used consisted of 50 selected nursing activities that reflected four areas of patient care: 1) physical care and physiologic needs, 2) psychosocial aspects, 3) observing, reporting, and implementing doctor's orders, and 4) preparing for discharge. The instrument was administered to 300 hospitalized patients and 100 professional nurses. Of the items pertaining to physical care 60 out of 100 nurses thought it less important than did patients. Conversely, 72 out of 100 nurses thought that psychosocial aspects were more important than did patients. There was close agreement on two items, one, on the importance of carrying out the doctor's orders, and second in the unimportance of discharge preparation. In ranking the items, the nurses' "most important" list contained seven psychosocial items, whereas patients only listed three items. Of these three, two items reflected giving explanations. One suggestion for the discrepancy in the difference of opinion about

psychosocial aspects was given by White, stating that since psychosocial aspects are stressed so heavily in nursing curricula, nurses may just be giving "lip-service" to the concepts, but not really practicing them. White concludes however, that with nurses grossly underrating physical care in relation to clients, that perhaps the pendulum has swung too far in terms of psychosocial care. . . . "Nurses have been led to believe that they should provide comprehensive nursing care for all clients when in fact many clients do not require it. . . . Instead of talking so globally about meeting clients' needs, nurses should concentrate on the things they can really do to make illness in the hospital a more tolerable experience." (1972, pp. 4-14)

An instrument was designed by Risser in 1975 to evaluate clients' attitudes towards nursing and nursing care in primary care settings. Risser maintained that evaluation from the client's point of view was pertinent because the client and provider may differ greatly in their perceptions about the care. An instrument contained 25 items which, after several trials and revisions, was judged to have high reliability and validity. The items were grouped into four categories: technical-professional, personal relationships, educational relationships and trusting relationships. Client satisfaction was defined to be the degree of congruency between client's expectations of ideal nursing care and perception of real care. The researcher reported that the results indicated that there may be differences in the perceptions of patients and nursing. Clients expressed greater satisfaction with the technical-professional relationship, and then the trusting relationship, and educational relationship last. (pp. 45-52)

Three brave researchers attempted to document relationships that benefit clients and to delineate the nurses' behaviors which promote such relationships. Johnson and others studied clients' perceptions by asking 80 female patients on their second or third post-operative day if there was anything about their nursing care that had been helpful or comforting, or anything that had been distressing, and if so, what it was. Thirty-three percent responded that their nursing care was neither helpful nor distressing. In citing exmaples of nursing actions that were helpful or comforting, over half of the clients emphasized that the nurses had stayed with them and were understanding and considerate. The researchers felt that many of these comments described instances when the patient felt highly dependent on the nurse. Also mentioned was that some client's comments suggested that clients felt the need for reassurance on a very basic level during especially stressful experiences, such as when they were in pain, being examined, or just before the operation. For some other patients, nurses helped them by explaining what was happening. Only 11 of the 46 patients who commented about helpful nursing activities referred to physical care procedures. Twenty-five of the eighty patients cited instances where nursing care was distressing. Twenty patients reported that they were distressed when they perceived nurses failing to provide adequate physical care or not responding promptly to their request for help. Five patients described situations in which, according to their perception, they had attempted to cope by asking for assistance and were frustrated by inadequate responses or no response from the nurse. This perception made them angry, resentful, and distrustful and increased their feelings of

helplessness and resignation. (1967, pp. 324, 334) The researchers concluded that "the most essential way of complementing patients is to provide them with interpersonal contacts which help them to overcome feelings of helplessness so that they can use their will and strength in ways that are beneficial to them." (p. 331)

In summary then of all the research pertaining to empathy, many researchers have attempted to measure the empathy levels of health care providers. Nurse-researchers have, to their chagrin, reported low levels of empathy in student nurses and practicing nurses alike. Several researchers have demonstrated (if perhaps only temporary) improved levels of empathy in nurses attending special classes.

There are also some studies that did try to assess how clients felt about nurses and the care they delievered. Although not specifically concerned with the concept of empathy, clients were surveyed to discover their perceptions of important nursing activities. In two of these studies, clients' perceptions were compared with nurses' perceptions yielding some interesting results.

One study used an instrument that contained, among others, one item measuring empathy (in fact, Keck used the identical operational definition) of 15 items, empathy was ranked in the top five by the various groups, except for the "male" groups as a rule, perceived competency or technical/professional skills as the most important characteristic for nurses. Psychosocial aspects of the nurse's role, of which empathy would be a part, took the backseat to the physical care-giving role of the nurse. This was in direct contrast to nurses, who generally perceived (at least they said) psychosocial aspects as the paramount aspect of their

practice. No study was found that dealt only with the psychosocial aspects of the nurses' role. These studies raise some serious questions as to nursing's current emphasis on psychosocial aspects--perhaps patients don't want nurses to be so concerned with this part of their care.

Only one study attempted to identify nursing behaviors that were helpful or "distressing" to patients, physical care was not mentioned as helpful, but lack of it was cited as being distressing. Behaviors which would fall into the psychosocial realm were most often mentioned as helpful, but also the lack of it was distressing to clients. Interestingly enough, one-third of the patients did not report nursing care to be either helpful or distressing.

As mentioned, no studies dealt solely with psychosocial aspects, not to mention the concept of empathy itself. Empathy is a concept that nursing has borrowed from psychotherapy. Studies have demonstrated the critical nature of empathy to the client-therapist relationship. However, no studies have even attempted to show that a similar relationship exists in the nurse-client relationship. Nowhere has it been demonstrated that the attribute of empathy in a nurse is helpful to the client, or its absence in the relationship detrimental. Nurses have been operating over and over again solely upon the assumption that empathy is critical in the nurse-client relationship and there is currently no evidence to support this belief. Similarly, there is a noticeable lack of data to support nursing's belief that clients perceive empathy to be an important attribute in the professional nurse.

Socialization. When students enter a professional nursing program, perceptions about the nurse's role in today's society are generally not reliable and may perhaps be distorted. But as students move through the educational curriculum, study nursing theory and interact with nurse-educators and practicing nurses, the students acquire the knowledge, skills, and attitudes to eventually assume the professional role of nurse. So therefore, if the socialization process is the means whereby the normative expectations of the role-set of the professional nurse are transmitted, then it behooves educators of nurses to examine this process and whether or not it is successful.

In an analysis of socialization theory and its implications for nursing practice, Estok identifies three orientations of thought. The first, Psychoanalytic Orientation, describes a developmental process as a series of stages in the child where specific adult practices associated with each influences the child's motivation, perception and learning. The parent-child relationship is emphasized in the formation of the child's adult personality. Also emphasized is the unidirectional effect of society on the individual and the long-range consequences of infant experiences. (1977, p. 9)

The Reinforcement Orientation was inspired by Freudian psychoanalytic theory. The basic approach is that of stimulus and response where behavior is either rewarded or punished. Social learning and imitation occur within the social context. The roles of "others" in the learning situation and the relationship which the "others" bear to the learning are considered major factors in this human context. (Estok, 1977, p. 9)

The Cognitive Orientation which is seen as more rational to many sociologists, will form the theoretical construct of socialization theory. Baldwin's definition of this persuasion is "that stimuli are received and processed to extract information they contain." The information that is "received, coordinated and processed" becomes the effective stimuli that produces the goal directed behavior. (1969, p. 328) Cognitive theory emphasizes the central processes such as attitudes, ideas, and expectancies in the explanation of behavior. (Estok, 1966, p. 10)

Two sociologists, Brim and Wheeler, have been particularly concerned with adult socialization. Professional socialization, of which socialization of nurses would be a subset, fits nicely into the proposed model. Brim and Wheeler see role acquisition as probably the most important aspect of adult socialization. The individual is said to learn the behavior appropriate to the position in a group through interaction with others holding normative beliefs about what the role should be and which persons will be rewarded for correct or incorrect behaviors. Thus communicated knowledge of other's expectations for the individual are indispensible in being able to predict how others will react to guide the individual's performance successfully. The major task at hand then is learning the role of the other. The self-other relationships help to motivate the individual to live up to the expectations and standards encountered in the interaction with the environment.

Recognizing the significance of the adult socialization process, it must be remembered that socialization in childhood cannot prepare the adult for the roles that must be filled in this complex and changing

society. Also of interest is Brim's identification of two limitations to adult socialization: biological make-up and effects of earlier learning or lack of learning. (Brim and Wheeler, 1966, p. 20) Also identified are some definite differences between child and adult socialization. These are outlined by Brim as follows:

Child Socialization	Adult Socialization
Concern with values and motives	Concern with overt behavior
Acquisition of new material	Synthesis of old material
Concern with idealism	Concern with realism
Shielded from life's conflicts and have less complex roles and conflicts	Teaching how to mediate conflicts between expectations
Concern with general demands of society	Concern with role-specific expectations
I-me orientation	I-other orientation

--Adapted from Brim, 1966, pp. 24-33

Also of importance is the relationship between the individual and the socializing agent. Three characteristics of interpersonal relationships are cited as being of special value in describing the relationships to socializing agents.

The first characteristic is that of the formality or the institutionalization of the relationship. This can be assessed by determining the nature of the roles regulating the interpersonal relationships. Often the individual will have well-prescribed relationships, for example, instructor-student. Also, the relationship may be formal in the sense that the socializing agent constitutes a formal organization.

Within this context the nursing student would be classified as formal organization, role of learner specified. However, even within formal organizations with specified roles much of the socialization still occurs through informal processes outside of the specified roles. Brim points out that a great deal of indirect, unplanned training takes place through interaction with the primary group through informal discussion and perhaps unconscious identification with role models. (Brim and Wheeler, 1966, p. 35)

The quality of the relationship between persons and their socializing agents needs analysis as well. The amount of power (degree of dominance of the socializing agent over individual) and the amount of affectivity in the relationship are two variables that influence the quality. In child socialization there is usually a high power, high affective relationship. In adult socialization, there is usually a low power, low affective relationship which is not conducive to the inculcation of basic values. To change basic values in adulthood would probably require a relationship resembling the childhood one. (Brim and Wheeler, 1966, p. 40)

Perhaps the most extensive study of professional socialization and nursing was carried out from 1960-1963 at the University of California School of Nursing at San Francisco. Although not specifically self-identified, the researchers seemingly were of the Cognitive Orientation in the development of the study. Utilizing a Field Study Design, Olesen and Whittaker followed one class of students from the time they began the nursing curriculum in their sophomore year until they graduated three years later. Some basic assumptions were that: 1) professional

socialization is multi-dimensional, 2) many sources of information are present other than faculty sources, 3) the years that a student is becoming socialized into the role of professional, is also for most a period of developmental socialization--acquiring an adult role and self, and 4) not every student starts from the same baseline in terms of qualifications or awareness of the professional role. (Olesen and Whittaker, 1968, pp. 6-15)

The sample consisted of 49 women with an average age of 19. At the time of induction, the students were given a variety of tests. Some results indicated that students had an undifferentiated picture of themselves as nurse and also the field was viewed in a homogeneous way. Many tests were administered along the way, many of them formulated from data collected by the researchers in the field. Of perhaps the most pertinence to the questions at hand, was the researchers' appraisal of themes of the school and the measurement of senior student perceptions of these themes or emphases in the nursing curriculum. In spite of noted differences in faculty members' orientations, in every instance the majority of students were able to identify the themes of the curriculum. However, their responses to the themes was a different matter, and many variations were noted. Some students' responses paralleled those of faculty and were supportive of the themes; others seemed to cling to their layman's image of nursing more steadfastly, thus rejecting the faculty's perception of the role of the nurse.

To illustrate this point, a case study was given focusing on the theme of becoming nursing leaders, a theme heavily emphasized by the faculty. Interestingly enough, there were a variety of responses

representing a variety of different perceptions of the images of what faculty members meant by "leadership." (Olesen and Whittaker, 1968, pp. 118-125)

Many nurse-researchers have been interested in the perceptions that nursing students have of the professional nurse role. However, the majority of these studies have had as their main foci, the identification and comparison of student perceptions from students in different educational programs.

Jones examined socialization factors versus those of selection in terms of how students perceived the role of the nurse. Contending that since the role of the nurse is learned through the educational process, and since there are at present three educational preparatory routes for nurses, the socialization processes and resulting perceptions of students would be different. However, also hypothesized was that persons with varying demographic backgrounds would be attracted to different nursing programs. Findings indicated that socialization processes in different types of programs differentially influenced formation of student role conceptions. But once the student was in the program demographic data was not important. (1976, pp. 135-138)

The question, "Do nursing students enrolled in different educational programs differ in related social behaviors?" was studied by Ventura in 1976. Three hundred and forty-four students enrolled in 16 nursing schools in the East took the California Psychological Inventory Test. The hypothesis that there would be no difference in social behavioral tendencies (as measured by the CPI), of the students regardless of program, was not supported. Of particular interest, was on

the socialization scale, baccalaureate degree students earned significantly higher scores than associate degree students. (p. 8)

In a study by Richards, students in different programs were also examined, this time for differences in psychological profiles. No significant differences were found except in the area of professionalization. In describing their ideal of nursing practice, graduating baccalaureate students had significantly more professional orientation than did diploma and associate degree students. Baccalaureate students also saw their instructors as having a more professional ideal of nursing practice. (1972, p. 259)

In 1972, operating upon the assumption that faculty strongly influence student perceptions of their professions, Brodie and Crocker developed an instrument which was felt could be used to study the process of professional socialization. The primary purpose was to measure the congruence between nursing students' perceptions and faculty views of the professional nursing role. The sample consisted of 488 students in a baccalaureate nursing program. On each of 60 items there was a significant shift toward agreement with faculty perception of the trait's importance as the students rose in class rank. These results supported the findings of some other researchers that there is a definite trend for the student to endorse the faculty view of the profession as graduation nears. The researchers concluded that this may indicate that the student's views are molded by actual clinical experiences, or that the faculty who teach students basic skills and procedures also indoctrinate them with their own professional views. (pp. 233-235)

And lastly, Stoller, concerned about the attitudinal aspect of the socialization of nurses, focused on the conceptions of the nursing role which entering freshmen bring upon entry into the educational setting. These attitudes were also compared with those of the graduating class. Thirty-four freshmen and 23 seniors in a diploma school of nursing were given a questionnaire with 21 statements designed to reflect three different orientations to the nursing role: professional, traditional, or utilitarian. It was hoped that this approach would help to uncover differences in attitudes. Pertinent findings revealed that freshmen students appear to begin their formal training without a clear-cut image of the nursing role in a hospital setting. Seniors showed several clear shifts in comparison with entering freshmen. Seniors evidenced a stronger attachment to or identification with the nursing profession.

Another group of researchers also studied the effects of certain socialization processes in professional education. Williams, Bloch, and Blair were interested in value changes of graduate students of nursing and their relationship to faculty values. Also educational factors that were perceived as especially influential to both groups were examined. The assumption was that if the faculty valued certain behaviors, placed emphasis on the importance of certain activities and imparted this message consistently, it would be probable that student values and perceptions of the importance of the same matters would change in the direction of those held by faculty. Gordon's Survey of Interpersonal Values (SIV) and Survey of Personal Values (SPV) was administered to graduate students prior to beginning the educational program and one year

later. The students were also questioned as to their judgements regarding the influence of certain program and personal factors, outcomes anticipated and realized, and goal orientation. Faculty were administered the same tests and questions but only one time.

Student values were found to converge closer to those of faculty after one year. On the first testing, there were three items that were significantly different. Faculty had significantly higher scores on the values of independence and achievement, and a significantly lower score on the value of practical mindedness than did students. At the time of the students' second testing differences on practical mindedness and independence had disappeared and a difference appeared on recognition, with the students scoring significantly higher than faculty. However, faculty retained a higher mean score on achievement than the students.

Some other findings of this study included 1) significant differences on first and second testing on 8 of the 12 influences students were asked to estimate in terms of the impact on learning, 2) faculty estimated the extent of influence of all factors higher than did students at the time of second testing, and 3) outcomes that faculty wished students to achieve were not congruent with the outcomes students stated were actually achieved.

In summary, the Cognitive Orientation speaks to the interactional nature of the professional socialization in the adult to the role of nurse. Several studies have demonstrated the influence the formal educational process has on the socialization of professional attitudes and ideals of nurses. (Brodie and Crocker, 1972; Jones, 1976; Olesen and Whittaker, 1968; Richards, 1972; Ventura, 1976; Williams, et. al., 1978)

Also documented was that the well-prescribed relationship of student of nursing and faculty member was particularly influential in student development. However, the change in baccalaureate student perceptions toward congruence with faculty views during progression in the educational program appeared to be stronger than those perceptions of graduate students of nursing and faculty. (Brodie and Crocker, 1972; Williams, et. al., 1978) However, the undergraduate setting is where students are initially socialized to the role of professional nurse, and the contact between faculty and students is more intense and protracted. The student entering graduate school has already been socialized into the professional role and the contact with faculty is probably much less frequent and more informal, thus would not be as potentially influential in producing changes. Also, in terms of the child and adult socialization modes, the baccalaureate program might be in some ways similar to this kind of relationship between students and faculty whereas graduate students and faculty would perhaps fall more into the adult socialization mode.

Factors impacting on student learning were examined. Graduate student perceptions of the importance of the various factors were found to be different prior to taking courses and after one year of study. Faculty rated all factors as having more influence than did students. (Williams, et. al., 1978) For the most part, demographic variables were not found to influence the outcome of the socialization process. (Jones, 1976; Williams, et. al., 1978) However, the kind of educational program did influence the attitudes and values of the students, as significant differences were shown in students enrolled in associate degree, diploma, and baccalaureate degree programs. (Jones, 1976; Richards, 1972)

PRESENTATION OF DATA

The completed questionnaires were tabulated by assigning a numerical value of 5 to responses identified as "extremely important," 4 for "very important," 3 for "medium importance," 2 for "slightly important," and 1 for "no importance." The mean score was computed for each item on the questionnaire by a sample group. Then the questionnaire items were placed in rank order by mean score for each of the four sample groups. (See Table 1) The mean scores of the sample groups were then compared using a t test. The .05 level of significance was accepted.

TABLE 1

RANK ORDER OF QUESTIONNAIRE ITEMS BY MEANS

Questionnaire Item	Subgroup	Sophomores	Seniors	Faculty	Clients
1. Pleasant	(1)	6	10	8	6
2. Empathy	(2)	9	9	10	10
3. Interested	(2)	1	2	3	1
4. Friendly	(1)	8	7	6	1
5. Concern	(1)	2	2	2	9
6. Compassion	(2)	5	4	4	2
7. Sympathy	(2)	12	11	11	11
8. Listener	(1)	3	1	1	5
9. Comfort	(1)	11	8	9	3
10. Warmth	(1)	10	6	7	4
11. Sensitive	(2)	4	3	5	7
12. Understanding	(2)	7	5	7	8

In examining the perception of the attribute of empathy in relationship to the other 12 attributes of the ideal nurse, by mean scores sophomore students ranked "empathy" ninth. Senior students' responses also placed "empathy" in the ninth position. However, the faculty and client responses placed "empathy" in the rank order of 10, lower than both groups of students. In examining the other questionnaire items, seven, or more than half of the items were within three rankings of each other in each of the four sample groups. However, in the five other items, there were wider range differences. The attributes that showed the most difference in rank were those of "comfort" which showed the most variation and then "friendly" and concern," "warmth," and then "pleasant." All belonged to subgroup I. Sophomores and clients ranked "interested" first with seniors and faculty ranking it as second and third respectively. Seniors and faculty scores both ranked "listener" as being the most important attribute while sophomores and clients' scores placed it third and fifth respectively. Clients also had "friendly" ranked with the same score as "friendly" in the top position. However, the sophomore rank was eight, seniors seven, and faculty six. "Sympathy" was unanimously ranked in last place.

In examining the items that ranked in the top half (1-6) by each sample group as to the subgroups, "pleasing personality" subgroup I or the subgroup II "ability or willingness to understand," there were some differences noted. Sophomores and faculty had three items in subgroup I, seniors had two items in subgroup I, and clients had the most, or four items in subgroup I. (See Table 2)

TABLE 2

NUMBER OF TOP SIX ITEMS IN EACH QUESTIONNAIRE SUBGROUP

	Sophomores	Seniors	Faculty	Clients
Subgroup I	3	2	3	4
Subgroup II	3	4	3	2

Subgroup I - Pleasing Personality Attributes

Subgroup II - Ability or Willingness to Understand Attributes

In examining the differences in the perceptions of the importance of empathy of sophomores and seniors, there was a significant difference in the mean scores of the responses. The mean score of the sophomore students was 4.20 in contrast with the mean score of 3.53 for the seniors. Students nearing completion of the educational program rated "empathy" as significantly less important than did sophomore students prior to beginning the nursing courses. Four other attributes were also rated significantly different by sophomores and seniors. Seniors perceived "pleasant," "friendly," and "sympathy" as significantly less important than did sophomores. However, seniors perceived "listener" as significantly more important than did sophomores. Three items that were significantly different were from subgroup I, two were from subgroup II. (See Table 3)

In comparing the sample groups of senior students and faculty members, there was no significant difference found in the mean scores of the empathy term. The seniors' score was 3.53 and the faculty's score

TABLE 3

MEAN AND STANDARD DEVIATIONS BY QUESTIONNAIRE ITEMS OF SOPHOMORES AND SENIORS

Questionnaire Item	Subgroup	Sophomores		Seniors		
		Mean	S.D.	Mean	S.D.	
1. Pleasant	(1)	4.39	.60	3.36	.70	*
2. Empathy	(2)	4.20	.69	3.53	.86	*
3. Interested	(2)	4.81	.39	4.82	.38	
4. Friendly	(1)	4.21	.58	3.91	.77	*
5. Concern	(1)	4.73	.49	4.82	.39	
6. Compassion	(2)	4.43	.61	4.44	.61	
7. Sympathy	(2)	3.24	.89	2.41	1.05	*
8. Listener	(1)	4.68	.47	4.88	.34	*
9. Comfort	(1)	4.02	.68	3.76	.89	
10. Warmth	(1)	4.16	.67	4.09	.62	
11. Sensitive	(2)	4.51	.50	4.62	.49	
12. Understanding	(2)	4.31	.65	4.12	.77	

*Denotes Significance at .05

was 3.10. Only one attribute showed a significant difference between seniors and faculty. Faculty perceived the attribute of "pleasant" as significantly more important than students. "Pleasant" was from the subgroup I. In examining the scores of seniors and clients' "empathy" items, again no significant difference was noted. (See Table 4)

EAGLE-A
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TABLE 4

MEAN AND STANDARD DEVIATIONS BY QUESTIONNAIRE ITEMS OF SENIORS AND FACULTY

Questionnaire Item	Subgroup	Seniors		Faculty		
		Mean	S.D.	Mean	S.D.	
1. Pleasant	(1)	3.36	.70	3.90	.57	*
2. Empathy	(2)	3.53	.86	3.10	.74	
3. Interested	(2)	4.82	.39	4.80	.42	
4. Friendly	(1)	3.91	.77	4.13	.64	
5. Concern	(1)	4.82	.39	4.89	.33	
6. Compassion	(2)	4.44	.61	4.60	.70	
7. Sympathy	(2)	2.41	1.05	1.80	.63	
8. Listener	(1)	4.85	.3[illegible]	5.00	.00	
9. Comfort	(1)	3.76	.89	3.56	1.33	
10. Warmth	(1)	4.09	.62	4.10	.74	
11. Sensitive	(2)	4.62	.49	4.50	.70	
12. Understanding	(2)	4.12	.77	4.10	.88	

*Denotes Significance at .05

However, eight other items showed a significant difference in the scores between the two sample groups. Five of these items were perceived as being more important by clients than by senior students. These attributes included "pleasant," "friendly," "sympathy," "comfort," and "warmth." All of these except for "sympathy" belong to the subgroup I. Three items showed significantly lower scores by clients than senior students. These included

EAGLE-A

"concern" and "listener" from subgroup I and "sensitive" from subgroup II. (See Table 5)

TABLE 5

MEAN AND STANDARD DEVIATIONS BY QUESTIONNAIRE ITEMS OF SENIOR STUDENTS AND CLIENTS

Questionnaire Item	Subgroup	Seniors		Clients		
		Mean	S.D.	Mean	S.D.	
1. Pleasant	(1)	3.36	.70	4.47	.70	*
2. Empathy	(2)	3.53	.86	3.80	.46	
3. Interested	(2)	4.82	.39	4.63	.50	
4. Friendly	(1)	3.91	.77	4.63	.50	*
5. Concern	(1)	4.82	.39	4.11	.74	*
6. Compassion	(2)	4.44	.61	4.61	.50	
7. Sympathy	(2)	2.41	1.05	3.12	1.11	*
8. Listener	(1)	4.85	.36	4.52	.61	*
9. Comfort	(1)	3.94	.73	4.58	.61	*
10. Warmth	(1)	4.09	.62	4.53	.51	*
11. Sensitive	(2)	4.62	.49	4.26	.73	*
12. Understanding	(2)	4.12	.77	4.21	.79	

*Denotes Significance of .05

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

The senior nursing students perceived the importance of the attributes of the "ideal" nurse in congruence with the perceptions of faculty members. In contract the seniors, nearing the completion of the course of

study, had different perceptions than those of the sophomore students just beginning to study nursing. This lends support to the findings of Brodie and Crocker, and Williams, et. al., that the educational process, and particularly the instructor, is a powerful socializing agent in the transmission of professional goals and values. However it must be emphasized that the comparisons made here were between two groups of students and consequently does not measure a change in student perceptions as the students progressed through the educational program. The differences in scores could have existed because of differences in the individual's personalities and life experiences that could have contributed to the difference in perceptions. Also, it is not known to what extent the changes in perceptions might persist, and what some of the other factors in the environment are that may have contributed to the change, besides the faculty members.

In looking specifically at how the concept of empathy was perceived, sophomores perceived empathy as significantly more important than did seniors or faculty. In fact although, not significantly less, the faculty group perceived empathy as less important than both student groups. However, when ranked in relationship to other attributes, empathy was 9-10 out of 12 for all three groups. This certainly is not in tune with what is read in the nursing literature where the concept of empathy is touted time after time as to its great importance. With the groups studied here, empathy did not seem to be perceived as being very important as an attribute of the "ideal" nurse. One point worth considering, is the fact that perhaps when nurses speak about the importance of empathy, in reality the word empathy is used to mean an

attribute or quality other than the true conceptual definition derived from the psychological literature. Also, the very definition of being able to know what it is like to be in another person's shoes could be challenged as to the ability of any person to be truly able to do this. However nurses, and especially nurse-educators, need to examine what is meant when referring to the concept of empathy and to examine personal beliefs about empathy and its importance in the nurse-client relationship. At present, this group of faculty members seems to be communicating to students that empathy is not that important.

The comparison of senior students' and clients' perceptions of the importance of the 12 attributes of the "ideal" nurse, was where the most differences were noted. For the most part, the items that were ranked the highest and also showed the most significant differences in mean scores were betweeen senior students and clients and had to do with items that were mainly in the subgroup of pleasing personality. To these clients the most important attributes had to do with personality characteristics of the nurse. In other words, if the nurse pays attention to the client and what the client needs in a gentle and friendly way, whether or not the nurse can know what it is like to be in the client's place is of little importance. These perceptual differences between nurses and clients were similar to findings of other researchers that indicated that nurses have spent a great deal of time deciding what qualities nurses should possess at the expense of determining what the consumer of nursing care--the client perceives as important attributes in the nurse. Also, of interest, although the sophomore student mean scores were not statistically compared with client scores, the rank orders

of the sophomore students' perceptions were the closest in line with clients' perceptions. However, the beginning students' and clients' perceptions were certainly influenced by the prevailing media and popular stereotypes of the nurse. The schools of nursing are trying very hard tc change this image and as this data would suggest, perhaps they are being successful.

In the future more research needs to be done in the area of client perceptions of nurses and nursing care and what factors influence client perceptions. Also, the concept of empathy must be examined for its meaning and for the effect of its use in terms of client outcomes. In other words, does the nurse's use of empathy make a difference? In terms of the socialization process, adding to the existing knowledge about the many factors that have an influence besides faculty members as well as the longevity of the attitudes and values transmitted to the students would enhance the furthering of professional ideals in nurses.

Conceptual Definitions of Attributes of the Ideal Nurse

Pleasant - Having or characterized by pleasing manners, behavior or appearance.

Empathy - The ability to accurately experience the psychic aspects of another, i.e., feelings, emotional experiences, etc., while retaining one's objectivity. (Keck, 1979, p. 10)

Interested - Having the attention engaged, a feeling that accompanies or causes special attention to an object or class of objects, readiness to show such attention.

Friendly - Showing kindly interest and goodwill, not hostile, inclined to favor.

Concern - A matter for consideration. Marked interest or regard usually arising through a personal tie or relationship.

Compassion - Consciousness of another's distress together with a desire to alleviate it.

Sympathy - An affinity, association, or relationship between persons or things wherein whatever affects one similarly affects the other, mutual or parallel susceptibility. . . . inclined to think or feel alike.

Listener - To hear with thoughtful attention.

Comfort - Give strength and hope to, cheer, to ease the grief and trouble of, console.

Warmth - Marked by or readily showing affection, gratitude, cordiality.

Sensitive - Delicately aware of the attitudes and feelings of others.

Understanding - To grasp the meaning of, grasp the reasonableness of, to be thoroughly familiar with the character and propensities of, to show a sympathetic or tolerant attitude toward something.

All above definitions were taken from The Webster's New Collegiate Dictionary, 1977, and are direct quotes.

Operational Definitions of Attributes of the Ideal Nurse

Pleasant - The nurse appears happy and pleasant to be around.

Empathy - The nurse can know what it is like to be in my situation. She can put herself in my shoes.

Interested - The nurse will pay attention to me and my needs.

Friendly - The nurse has a gentleness and friendly feeling for me, her patient.

Concern - The nurse is concerned about me as an individual.

Compassion - The nurse is conscious of my distress and wants to help.

Sympathy - The nurse feels as the client does in his situation.

Listener - The nurse takes time to listen to me.

Comfort - The nurse tries to make my troubles easier to deal with.

Warmth - The nurse behaves in a warm manner.

Sensitive - The nurse is aware of my feelings and attitudes.

Understanding - The nurse understands my behavior and/or feelings in my situation.

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APPENDIX C

INDIANA UNIVERSITY SCHOOL OF NURSING

QUESTIONNAIRE

Below is a list of attitudes which have been identified as important characteristics of the "ideal" nurse. Please indicate, by placing an X in the appropriate box, which items you as a nursing student feel are important characteristics for a nurse to possess.

	extremely important	very important	medium importance	slightly important	no importance
1. The nurse appears happy and is pleasant to be around.					
2. The nurse can know what it is like to be in the client's situation. She can put herself in the client's shoes.					
3. The nurse will pay attention to the client and his needs.					
4. The nurse has a gentleness and friendly feeling for her client.					
5. The nurse is concerned about the client as an individual.					
6. The nurse is conscious of the client's distress and wants to help.					
7. The nurse feels as the client does in his situation.					
8. The nurse takes time to listen to the client.					
9. The nurse tries to make the client's troubles easier to deal with.					
10. The nurse behaves in a warm manner.					
11. The nurse is aware of the client's feelings and attitudes.					
12. The nurse understands the client's behavior and/or feelings in his situation.					

Please indicate any of the above which you feel are important to client's actual recovery.

Please list any other aspects of nurses' attitudes you feel are important to the hospitalized individual.

Age_____ Sex_____

APPENDIX D

PARTICIPANT CONSENT FORM

I agree to participate in a study by Elizabeth Gunden, graduate student in nursing, Indiana University, for the purpose of her studying the: Perceptions of Nursing Students and Practicing Nurses as to the Importance of 12 Characteristics of the "Ideal" Nurse

I understand the following:

1. My responses are confidential; my name will not be used in any way.
2. There will be no financial cost to me.
3. I have the right to withdraw from the study at any time without giving a reason.
4. I may or may not benefit directly from this study, but my participation may help improve nursing care in general.
5. If I wish, I may request a summary copy of this study from:
   Elizabeth Gunden
   Goshen College
   Goshen, IN 46526

I hereby consent to participate in this study as explained above.

Signature of Participant

Date

Elizabeth Gunden

Signature of Graduate Nursing Student

2/80

Classification of Statements into Two Groups

Pleasing personality statements classed as one's; understanding statements classed as two's.

PLEASING PERSONALITY 1	The nurse appears happy and is pleasant to be around. The nurse has a gentleness and friendly feeling for me, her patient. The nurse is concerned about me as an individual. The nurse takes time to listen to me. The nurse tries to make my troubles easier to deal with. The nurse behaves in a warm manner.
UNDERSTANDING 2	The nurse can know what it is like to be in my situation. She can put herself in my shoes. The nurse will pay attention to me and my needs. The nurse is conscious of my distress and wants to help. The nurse feels as I do in my situation. The nurse is aware of my feelings and attitudes. The nurse understands my behavior and/or feelings in my situation.

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